

231304



2600 Maitland Center Pkwy.
Suite 300
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL
32790-0200
Tel: 407-740-8575
Fax: 407-740-0613
www.tminc.com

June 30, 2014
Via Overnight Delivery

Ms. Jocelyn Boyd
South Carolina Public Service Commission
101 Executive Center Dr.
Columbia, SC 29210

RE: Budget PrePay, Inc. d/b/a Budget Mobile
SC ETC Annual Report
For the year ending December 31, 2013

RECEIVED
2014 JUL - 1 AM 10:00
SC PUBLIC SERVICE
COMMISSION

Dear Ms. Boyd:

Enclosed please find a copy of the SC ETC Annual Report for the year ending December 31, 2013, filed on behalf of Budget PrePay, Inc. d/b/a Budget Mobile. No check is enclosed as there are no remittance fees due.

Pursuant SC Code of Regulations 103-690.1, a copy of this report was also sent to the SC Office of Regulatory Staff. If it is possible, the company is requesting CONFIDENTIAL treatment of this report.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose. *de*

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Craig Neeld
Compliance Reporting Specialist

cc: Lakisha Taylor - Budget PrePay, Inc. d/b/a Budget Mobile
file: Budget PrePay, Inc. d/b/a Budget Mobile - Reporting - South Carolina

CN/jg



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291304
Form 481
June 30, 2014
Via Overnight Delivery

Ms. Jocelyn Boyd
South Carolina Public Service Commission
101 Executive Center Dr.
Columbia, SC 29210

RE: Budget PrePay, Inc. d/b/a Budget Mobile
SC Copy of FCC Form 481 - Carrier Annual Reporting
Docket No. 2014-14-C (Low Income)

RECEIVED
2014 JUL - 1 AM 10:03
SC PUBLIC SERVICE
COMMISSION

Dear Ms. Boyd:

Enclosed please find a copy of the SC Copy of FCC Form 481 - Carrier Annual Reporting, filed on behalf of Budget PrePay, Inc. d/b/a Budget Mobile. No check is enclosed as there are no remittance fees due.

This report has also been emailed to eford@reg.staff.sc.gov.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Craig Neeld
Compliance Reporting Specialist

cc: Lakisha Taylor - Budget PrePay, Inc. d/b/a Budget Mobile
file: Budget PrePay, Inc. d/b/a Budget Mobile - Reporting - South Carolina

CN/jg

Jackie Gilchrist

From: Jackie Gilchrist [jgilchrist@tminc.com]
Sent: Monday, June 30, 2014 8:44 AM
To: 'eford@regstaff.sc.gov'
Cc: 'cneeld@tminc.com'
Subject: Budget PrePay, Inc. d/b/a Budget Mobile - SC Copy of FCC Form 481 - Carrier Annual Reporting - for the month ending July 31, 2014
Attachments: Budget Mobile SC 249017 certified.pdf
Importance: High

Dear Sir or Madam:

Attached please find the SC Copy of FCC Form 481 - Carrier Annual Reporting for the month ending July 31, 2014, filed on behalf of Budget PrePay, Inc. d/b/a Budget Mobile. Budget Mobile is Low Income.

If you have any questions please contact Craig Neeld at 407-740-8575.

Thank you,

Jaquelyn Gilchrist

Sr Associate Specialist
jgilchrist@tminc.com
(407) 659 -8740 - Direct
(407) 740-8575 - Office
(407) 740-0613 - Fax

PLEASE VISIT OUR NEW WEBSITE AT www.tminc.com

Technologies Management, Inc.
2600 Maitland Center Parkway, Suite 300
Maitland, FL 32751

About TMI - Technologies Management, Inc. ("TMI"), serving the telecom industry since 1986, offers consulting services on regulatory compliance and competitive developments in the telecommunications industry. This electronic message contains information from Technologies Management Inc. which may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this electronic transmission in error, please notify us by telephone (407-740-8575) immediately.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0985/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	249017
<015> Study Area Name	Budget PrePay Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Lakisha Taylor
<035> Contact Telephone Number: Number of the person identified in data line <030>	3186715000 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	lakishat@budgetprepay.com

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
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(check box when complete)

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 249017sc510.pdf	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 249017sc610.pdf	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249017
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/> <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249017
<015>	Study Area Name	Budget Prepay Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<040>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

<010>	Study Area Code	249017
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

1/1/2014

<701>	Residential Local Service Charge Effective Date
<702>	Single State-wide Residential Local Service Charge

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0966 /OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249017
<015>	Study Area Name	Budget Prepay Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Lakishat@budgetprepay.com

<a1>		<a2>		<a3>		<a4>		<a5>		<a6>		<a7>		<a8>		<a9>		<a10>		<a11>		<a12>		<a13>		<a14>		<a15>		<a16>		<a17>		<a18>		<a19>		<a20>		<a21>		<a22>		<a23>		<a24>		<a25>		<a26>		<a27>		<a28>		<a29>		<a30>		<a31>		<a32>		<a33>		<a34>		<a35>		<a36>		<a37>		<a38>		<a39>		<a40>		<a41>		<a42>		<a43>		<a44>		<a45>		<a46>		<a47>		<a48>		<a49>		<a50>		<a51>		<a52>		<a53>		<a54>		<a55>		<a56>		<a57>		<a58>		<a59>		<a60>		<a61>		<a62>		<a63>		<a64>		<a65>		<a66>		<a67>		<a68>		<a69>		<a70>		<a71>		<a72>		<a73>		<a74>		<a75>		<a76>		<a77>		<a78>		<a79>		<a80>		<a81>		<a82>		<a83>		<a84>		<a85>		<a86>		<a87>		<a88>		<a89>		<a90>		<a91>		<a92>		<a93>		<a94>		<a95>		<a96>		<a97>		<a98>		<a99>		<a100>		<a101>		<a102>		<a103>		<a104>		<a105>		<a106>		<a107>		<a108>		<a109>		<a110>		<a111>		<a112>		<a113>		<a114>		<a115>		<a116>		<a117>		<a118>		<a119>		<a120>		<a121>		<a122>		<a123>		<a124>		<a125>		<a126>		<a127>		<a128>		<a129>		<a130>		<a131>		<a132>		<a133>		<a134>		<a135>		<a136>		<a137>		<a138>		<a139>		<a140>		<a141>		<a142>		<a143>		<a144>		<a145>		<a146>		<a147>		<a148>		<a149>		<a150>		<a151>		<a152>		<a153>		<a154>		<a155>		<a156>		<a157>		<a158>		<a159>		<a160>		<a161>		<a162>		<a163>		<a164>		<a165>		<a166>		<a167>		<a168>		<a169>		<a170>		<a171>		<a172>		<a173>		<a174>		<a175>		<a176>		<a177>		<a178>		<a179>		<a180>		<a181>		<a182>		<a183>		<a184>		<a185>		<a186>		<a187>		<a188>		<a189>		<a190>		<a191>		<a192>		<a193>		<a194>		<a195>		<a196>		<a197>		<a198>		<a199>		<a200>		<a201>		<a202>		<a203>		<a204>		<a205>		<a206>		<a207>		<a208>		<a209>		<a210>		<a211>		<a212>		<a213>		<a214>		<a215>		<a216>		<a217>		<a218>		<a219>		<a220>		<a221>		<a222>		<a223>		<a224>		<a225>		<a226>		<a227>		<a228>		<a229>		<a230>		<a231>		<a232>		<a233>		<a234>		<a235>		<a236>		<a237>		<a238>		<a239>		<a240>		<a241>		<a242>		<a243>		<a244>		<a245>		<a246>		<a247>		<a248>		<a249>		<a250>		<a251>		<a252>		<a253>		<a254>		<a255>		<a256>		<a257>		<a258>		<a259>		<a260>		<a261>		<a262>		<a263>		<a264>		<a265>		<a266>		<a267>		<a268>		<a269>		<a270>		<a271>		<a272>		<a273>		<a274>		<a275>		<a276>		<a277>		<a278>		<a279>		<a280>		<a281>		<a282>		<a283>		<a284>		<a285>		<a286>		<a287>		<a288>		<a289>		<a290>		<a291>		<a292>		<a293>		<a294>		<a295>		<a296>		<a297>		<a298>		<a299>		<a300>		<a301>		<a302>		<a303>		<a304>		<a305>		<a306>		<a307>		<a308>		<a309>		<a310>		<a311>		<a312>		<a313>		<a314>		<a315>		<a316>		<a317>		<a318>		<a319>		<a320>		<a321>		<a322>		<a323>		<a324>		<a325>		<a326>		<a327>		<a328>		<a329>		<a330>		<a331>		<a332>		<a333>		<a334>		<a335>		<a336>		<a337>		<a338>		<a339>		<a340>		<a341>		<a342>		<a343>		<a344>		<a345>		<a346>		<a347>		<a348>		<a349>		<a350>		<a351>		<a352>		<a353>		<a354>		<a355>		<a356>		<a357>		<a358>		<a359>		<a360>		<a361>		<a362>		<a363>		<a364>		<a365>		<a366>		<a367>		<a368>		<a369>		<a370>		<a371>		<a372>		<a373>		<a374>		<a375>		<a376>		<a377>		<a378>		<a379>		<a380>		<a381>		<a382>		<a383>		<a384>		<a385>		<a386>		<a387>		<a388>		<a389>		<a390>		<a391>		<a392>		<a393>		<a394>		<a395>		<a396>		<a397>		<a398>		<a399>		<a400>		<a401>		<a402>		<a403>		<a404>		<a405>		<a406>		<a407>		<a408>		<a409>		<a410>		<a411>		<a412>		<a413>		<a414>		<a415>		<a416>		<a417>		<a418>		<a419>		<a420>		<a421>		<a422>		<a423>		<a424>		<a425>		<a426>		<a427>		<a428>		<a429>		<a430>		<a431>		<a432>		<a433>		<a434>		<a435>		<a436>		<a437>		<a438>		<a439>		<a440>		<a441>		<a442>		<a443>		<a444>		<a445>		<a446>		<a447>		<a448>		<a449>		<a450>		<a451>		<a452>		<a453>		<a454>		<a455>		<a456>		<a457>		<a458>		<a459>		<a460>		<a461>		<a462>		<a463>		<a464>		<a465>		<a466>		<a467>		<a468>		<a469>		<a470>		<a471>		<a472>		<a473>		<a474>		<a475>		<a476>		<a477>		<a478>		<a479>		<a480>		<a481>		<a482>		<a483>		<a484>		<a485>		<a486>		<a487>		<a488>		<a489>		<a490>		<a491>		<a492>		<a493>		<a494>		<a495>		<a496>		<a497>		<a498>		<a499>		<a500>		<a501>		<a502>		<a503>		<a504>		<a505>		<a506>		<a507>		<a508>		<a509>		<a510>		<a511>		<a512>		<a513>		<a514>		<a515>		<a516>		<a517>		<a518>		<a519>		<a520>		<a521>		<a522>		<a523>		<a524>		<a525>		<a526>		<a527>		<a528>		<a529>		<a530>		<a531>		<a532>		<a533>		<a534>		<a535>		<a536>		<a537>		<a538>		<a539>		<a540>		<a541>		<a542>		<a543>		<a544>		<a545>		<a546>		<a547>		<a548>		<a549>		<a550>		<a551>		<a552>		<a553>		<a554>		<a555>		<a556>		<a557>		<a558>		<a559>		<a560>		<a561>		<a562>		<a563>		<a564>		<a565>		<a566>		<a567>		<a568>		<a569>		<a570>		<a571>		<a572>		<a573>		<a574>		<a575>		<a576>		<a577>		<a578>		<a579>		<a580>		<a581>		<a582>		<a583>		<a584>		<a585>		<a586>		<a587>		<a588>		<a589>		<a590>		<a591>		<a592>		<a593>		<a594>		<a595>		<a596>		<a597>		<a598>		<a599>		<a600>		<a601>		<a602>		<a603>		<a604>		<a605>		<a606>		<a607>		<a608>		<a609>		<a610>		<a611>		<a612>		<a613>		<a614>		<a615>		<a616>		<a617>		<a618>		<a619>		<a620>		<a621>		<a622>		<a623>		<a624>		<a625>		<a626>		<a627>		<a628>		<a629>		<a630>		<a631>		<a632>		<a633>		<a634>		<a635>		<a636>		<a637>		<a638>		<a63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(800) Operating Companies
Data Collection Form

<010>	Study Area Code	249017
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com
<810>	Reporting Carrier	Budget PrePay, Inc. d/ba/ Budget Mobile
<811>	Holding Company	N/A
<812>	Operating Company	N/A

[illegible]

<010>	Study Area Code	249017
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

<910> Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select (Yes,No, NA)	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
<922>	Feasibility and sustainability planning;
<923>	Marketing services in a culturally sensitive manner;
<924>	Compliance with Rights of way processes
<925>	Compliance with Land Use permitting requirements
<926>	Compliance with Facilities Siting rules
<927>	Compliance with Environmental Review processes
<928>	Compliance with Cultural Preservation review processes
<929>	Compliance with Tribal Business and Licensing requirements.

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0086/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249017
<015>	Study Area Name	Budget Prefay Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepays.com

☐

Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-9986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	249017
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP budgetmobile.com

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation:**Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	249017
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))Certification Support Used to Build Broadband ☐**Connect America Phase II Reporting (47 CFR § 54.313(e))**

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions ☐

Name of Attached Document Listing Required Information

30001 Rate Of Return Carrier Additional Documentation
Data Collection Form

CC Form 481
 OMB Control No. 3040-0096/OMB Control No. 3060-0015
 July 2013

<010>	Study Area Code	245017
<015>	Study Area Name	Budget PrepPay Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakisha@budgetprepay.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(i); the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) ☒

(3014) If yes, does your company file the RUS annual report ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information (Yes/No)

(3018) If the response is no on line 3014, Is your company audited? ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3025 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0996/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	249017
<015> Study Area Name	Budget PrePay Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035> Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986; OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	249017
<015> Study Area Name	Budget PrePay Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035> Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>David Donahue</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	David Donahue
Name of Reporting Carrier:	Budget PrePay Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/26/2014
Printed name of Authorized Officer:	David Donahue
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	3186715000 ext.
Study Area Code of Reporting Carrier:	249017 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	Budget PrePay Inc.
Name of Authorized Agent or Employee of Agent:	David Donahue
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/26/2014
Printed name of Authorized Agent or Employee of Agent:	David Donahue
Title or position of Authorized Agent or Employee of Agent:	CFO
Telephone number of Authorized Agent or Employee of Agent:	3186715000 ext.
Study Area Code of Reporting Carrier:	249017 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

Budget PrePay, Inc.

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Budget PrePay, Inc. (“Budget”) hereby certifies that it has reviewed and complies with applicable service quality and consumer protection practices, and that it is in compliance with all applicable state requirements in connection with its provision of wireline (if applicable) and wireless voice services. Among other things, Budget:

- Complies with the service standards promulgated by the State of Rhode Island.
- Discloses rates and terms of its voice services to customers.
- Provides current terms and conditions to customers and confirms changes in voice service.
- Separately identifies carrier charges from taxes on billing statements and purchase receipts.
- Provides ready access to customer service.
- Promptly responds to consumer inquiries and complaints received from federal and state government agencies.
- Abides by CPNI rules and other rules for the protection of consumer privacy.
- Makes available maps showing the local calling area on point of sale materials and website.
- Provides specific disclosures in advertising if applicable.
- Provides customers the right to terminate voice service

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission's Rules requires that each eligible telecommunications carrier ("ETC") must "[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."¹ Section 54.313(a)(6) requires ETCs to certify that they are "able to function in emergency situations as set forth in §54.202(a)(2)"² in connection with their provision of voice and broadband services.

Budget PrePay, Inc. d/b/a Budget Phone and d/b/a Budget Mobile has deployed [resells the services of underlying carriers that have deployed] sufficient power generators to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Budget PrePay Inc. has geographically located its switching infrastructure. All facilities are equipped with both AC and DC battery backup as well as generators. All critical equipment is also supplied with 2 separate power sources (or primary and redundant power feeds). Budget PrePay maintains multiple paths to reach our network. This is setup by using multiple IP transit providers for all IP connectivity and an N+1 configuration on all TDM connectivity.

Once the origination traffic reaches the Budget PrePay network all elements are setup with the same N+1 configuration. The configuration allows each element a primary and redundant path to terminate the traffic without service interruption. In the event the main element fails or that

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

element reaches maximum capacity Budget has designed the network to advance the traffic to 1 of 3 other elements in the same N+1 configuration that is listed above.

The switching infrastructure will advance to the next termination carrier in route in the event of a failure on any termination carrier's route.

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